DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: HARBOR HOUSE MANITOWOC II (0011133)

Address: 1480 N 7TH ST, MANITOWOC, WI 54220

License Status: REGULAR

Licensed/Certified/Registered 05/01/2006

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096789 End Date: 04/13/2006 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007284 Served 05/03/2006

Deficiencies Cited Subject Area Compliance

Verified

83.33(3)(e)2.b INJECTIONS

83.53(2)(a) DOORS EXCEPT PATIO DOORS

Survey ID: 0096074 End Date: 11/07/2005 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 04/26/2006 SOD #10007284 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.33(3)(e)2.b

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